



4. Acute care hospitalization in a non-IHS hospital
5. Non-emergency hospitalization
6. Specialty rates for facilities and Above Level of Care facility rates, and
7. Home modifications (Refer to Exhibit 1240-4).

Medical review is required for the following services when provided to a Native American ALTCS FFS member:

1. Durable medical equipment (DME), when the cost exceeds \$500 (items between \$300 and \$499 must be authorized by the FFS case manager and included on the CA165)
2. Medically necessary dentures
3. Medically necessary incontinence supplies (e.g., diapers and Chux). This does not include catheters, ostomy supplies, etc.
4. Specialty beds and wound care treatments, and
5. Medically necessary oral nutritional supplements (refer to form in Exhibit 1240-5).

Refer to [Chapter 800](#) in this Manual for additional information on AHCCCS FFS PA requirements.

If PA is denied or services are denied, reduced, suspended or terminated, refer to 9 A.A.C. 34 for information regarding notification requirements for FFS providers and members. Refer to the concurrent review section of [Chapter 800](#), Policy 810, for information related to approval or denial of the continuation of inpatient hospital services.

#### **Exceptions for On-Reservation Facilities and Providers**

1. Most health care facilities located on Native American reservations, and Indian Health Service hospitals regardless of location, are not required to be licensed by the State of Arizona. However, some facilities may require Federal certification. An example is Medicare/Medicaid certification for nursing facilities.



2. Approval for on-reservation tribal service providers and settings is coordinated by AHCCCS and approved by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

### **Out-of-State Services**

Services provided outside the State of Arizona are covered as provided for under Title 42 of the Code of Federal Regulations (42 CFR), Part 431, Subpart B. This includes services that, as determined on the basis of medical advice, are more readily available in other states or are services needed due to a medical emergency. Providers must register with AHCCCS for reimbursement. Services furnished to AHCCCS members outside the United States are not covered. AHCCCS will not register providers who are located outside the United States.

**Note:** “United States” (U.S.) is as defined in Chapter 300.

### **Exhibits/Appendices**

The following Exhibits can be found at the end of each policy. Appendix J can be found at the end of this Manual. Managed Care Contractors are not required to conform to those Exhibits/Appendices that are specifically designated for the use of the AHCCCS FFS program.

1. Exhibit 1210-1 identifies durable medical equipment included in the FFS per diem rate for nursing facilities and intermediate care facilities for the mentally retarded.
2. Exhibit 1210-2 lists medical supplies included in the FFS per diem rate for institutional services.
3. Exhibit 1220-1 provides a copy of the Level I Pre-Admission Screening and Resident Review reporting form.
4. Exhibit 1230-1 provides a table of HCB alternative residential settings and service codes.
5. Exhibit 1240-1 identifies medical supplies included in the FFS rate for home health nurse visits.



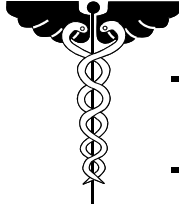
6. Exhibit 1240-2 identifies covered home health nursing services that may be provided by professional nurses (Registered Nurses and Licensed Practical Nurses).
7. Exhibit 1240-3 identifies whether service authorization is to be obtained from the case manager or if PCP orders are required for the various components of HCBS.
8. Exhibit 1240-4 provides a copy of the AHCCCS/ALTCS FFS Home Modification Request/Justification form.
9. Exhibit 1240-5 provides a copy of the AHCCCS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements
10. Exhibit 1240-6 provides a table of HCB services, service codes and applicable units of service, and
11. [Appendix J](#) contains information and the required form for mileage reimbursement for FFS providers.

Refer to the AHCCCS FFS Provider Manual and the IHS/Tribal Billing Manual for FFS claims billing information. Both of these manuals are available on the AHCCCS Web site ([www.azahcccs.gov](http://www.azahcccs.gov)).

Refer to the specific Contractor for managed care claims billing information.

● **REFERENCES**

1. Title 42 of the Code of Federal Regulations (42 CFR) 483.108, 483.114, 483.116, 483.118, 483.120 (PASRR)
2. 42 CFR, Part 431, Subpart B (Out of State Services)
3. Arizona Revised Statutes (A.R.S.) 32-1101 et seq. (Home Modification Contractor)
4. [Chapter 100](#) of this Manual includes 42 CFR, State Statute and Rule citations related to services and settings addressed in this Chapter.



**CHAPTER 1200**

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**ALTCS SERVICES/SETTINGS FOR THE ELDERLY AND/OR DISABLED**

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**POLICY 1200**

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**CHAPTER OVERVIEW**

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5. [Chapter 600](#) of this Manual, Exhibit 610-1, includes 42 CFR, State Statute and Rule citations related to provider requirements.
6. AHCCCS ALTCS Contracts
7. Tribal Intergovernmental Agreements (IGAs)
8. AHCCCS memo dated September 4, 1997 “Medicaid Payments for Foreign Country Providers”.